

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-621-826**
APPLICANT(S)

FLING DATE **07-17-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5	1					
6	1					
7		2				
8		2				
9		2				
10		2				
11		2				
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TOTAL IND.	5					
TOTAL DEP.	33					
TOTAL CLAIMS	38					

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